Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Chec amer

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Yo		r full name		
	your pictu exar licer Brin- iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Dawn First name D. Middle name Drew Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer tification number	xxx-xx-3374	

De	btor 1 Dawn D. Drew		Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	2 Second Avenue	If Debtor 2 lives at a different address:			
		3 Second Avenue Central Islip, NY 11722 Number, Street, City, State & ZIP Code Suffolk	Number, Street, City, State & ZIP Code			
		County	County			
If your mailing address above, fill it in here. Not		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Deb	otor 1 Dawn D. Drew					Case number (if known)		
Par	t 2: Tell the Court About	our Bankru	ıptcy Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapte	r 7					
		☐ Chapte	r 11					
		☐ Chapter						
		☐ Chapte						
	How you will pay the fee	- Lwill	nov the ent	tira faa whan I fila my n	atition Diagona	heck with the clerk's office in your local	court for more details	
8.	now you will pay the lee	abou orde	t how you ma	nay pay. Typically, if you a prney is submitting your p	are paying the fe	e yourself, you may pay with cash, cash pehalf, your attorney may pay with a cre	ier's check, or money	
		•	•		you choose this o	option, sign and attach the Application for	or Individuals to Pay	
		The		·				
		but is	not required	d to, waive your fee, and	may do so only i	otion only if you are filing for Chapter 7. If your income is less than 150% of the opening in the control of	official poverty line that	
						Official Form 103B) and file it with your p		
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
			District		When	Case number		
			District					
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if knowr	·	
			Debtor			Relationship to you		
			District		When	Case number, if knowr		
11.	Do you rent your	■ No.	Go to line 1	12.				
	residence?	☐ Yes.	Has your la	andlord obtained an evic	ion judgment aga	ainst you?		
			☐ No.	. Go to line 12.				
			☐ Yes	s. Fill out <i>Initial Statemer</i> s bankruptcy petition.	nt About an Evicti	ion Judgment Against You (Form 101A)	and file it as part of	

Deb	otor 1 Dawn D. Drew				Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Own	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
	it to this petition.		Check	k the appropriate bo	ox to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	dicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am r	ot filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	What is	he hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
	•				Number, Street, City, State & Zip Code

Debtor 1 Dawn D. Drew Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Dawn D. Drew			Case number	(if known)				
Par	t 6: Answer These Quest	ions for Re	porting Purposes						
	What kind of debts do you have?		Are your debts primarily consultindividual primarily for a personal,		ots? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an or household purpose."				
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
			Are your debts primarily busine money for a business or investme						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe th	nat are not consumer debts or busines:	s debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?						
	administrative expenses are paid that funds will		■ No						
	be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	□ 25,001-50,000				
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000				
		□ 100-19 □ 200-99		☐ 10,001-25,000 ☐ More than100,000					
19.	How much do you estimate your assets to	□ \$0 - \$5		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	be worth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			01 - \$1 million	☐ \$100,000,001 - \$500 million ☐ More than \$50 billion					
20.	How much do you estimate your liabilities	□ \$0 - \$5		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	to be?		01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
			01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million □ More than \$50 billion					
Par	t 7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		an attorney to help me fill out this							
		I request r	relief in accordance with the chapte	er of title 11, United States Code, spec	cified in this petition.				
		bankruptc and 3571.	y case can result in fines up to \$25		r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		/s/ Dawn Dawn D.	D. Drew Drew	Signature of Debtor	• 2				
			of Debtor 1	Ç					
		Executed		Executed on					
			MM / DD / YYYY	MM	/ DD / YYYY				

Debtor 1 Dawn D. Drew		Case	Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unite	d States Code, and have ex	nformed the debtor(s) about eligibility to proceed xplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.			ledge after an inquiry that the information in the			
	/s/ Darren Aronow	Date	January 26, 2019			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Darren Aronow 4094074					
	Printed name					
	Aronow Law, PC					
	Firm name					
	20 Crossways Park Drive North					
	Suite 210					
	Woodbury, NY 11797					
	Number, Street, City, State & ZIP Code					
	Contact phone 516-762-6700	Email address	darren@aronowlaw.com			
	4094074 NY					
	Bar number & State					

Fill	in this ir	oformation to identify your	case:				
	otor 1	Dawn D. Drew	00001				
Dec	101 1	First Name	Middle Name	Last Name			
	otor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ted State	s Bankruptcy Court for the:	EASTERN DISTRICT C	DF NEW YORK			
Cas	se numbe	r					
(if kn		r				ш	c if this is an
						amen	ded filing
~	C: _: _ I	F 4000					
		Form 106Sum	and Liabilities ar	nd Certain Statistical Informati	ion		12/15
		•		are filing together, both are equally respons			
infor	rmation.	Fill out all of your schedu	les first; then complete th	ne information on this form. If you are filing a k the box at the top of this page.			
Part	t 1: Տւ	ımmarize Your Assets					
						Your a	
						Value o	of what you own
1.	Schedu 1a. Cop	ule A/B: Property (Official F by line 55, Total real estate,	Form 106A/B) from Schedule A/B			\$	283,233.00
	1b. Cop	y line 62, Total personal pro	operty, from Schedule A/B			\$	41,589.21
	1c. Cop	y line 63, Total of all proper	ty on Schedule A/B			\$	324,822.21
Pari		ımmarize Your Liabilities	•				
ı alı	12. 30	illillianize rour Liabilities				V 11	1 1112
							abilities t you owe
2.		le D: Creditors Who Have C			- 5	\$	379,765.00
	·			the bottom of the last page of Part 1 of Schedule	e D	Ψ	0.0,.00.00
3.		nle E/F: Creditors Who Have by the total claims from Part		I Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Cop	y the total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F		\$	3,319.00
				Your total liab	ilities	\$	383,084.00
Part	t 3: Su	ımmarize Your Income and	d Expenses		L		
4.		le I: Your Income (Official F	•				
7.		•	,	· I		\$	3,869.81
5.		le J: Your Expenses (Officia our monthly expenses from				\$	5,678.25
Part	t 4: Ar	nswer These Questions fo	r Administrative and Stati	istical Records			
6.	Are voi	ı filing for bankruptcy und	ler Chapters 7, 11, or 13?				
	•	•	• • •	heck this box and submit this form to the court v	vith you	r other sch	nedules.
7.	■ Ye	s ind of debt do you have?					
				debts are those "incurred by an individual primar	rily for a	ı personal,	family, or
		our debts are not primarily e court with your other scheo		ve nothing to report on this part of the form. Che	eck this	<i>box</i> and s	ubmit this form to

Official Form 106Sum Summary of Your Asse

Debtor 1 Dawn D. Drew Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,749.29

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

				prop	erty identification number: ue from www.zillow.com			
				□ Othe	At least one of the debtors and another r information you wish to add about this iter	(see inst	ck if this is community property nstructions)	
	County				•	- Chook	if this is com	munity property
	Suffolk				Debtor 1 only Debtor 2 only	Fee simp	ile .	
				Who	Other has an interest in the property? Check one	(such as fe a life estate	e simple, tena), if known.	our ownership interest ancy by the entireties, or
	City	State	ZIP Code		Investment property Timeshare		3,233.00	\$283,233.00
	Central Isl		11722-0000			Current val	erty?	Current value of the portion you own?
		Street address, if available, or other description					Creditors Who Have Claims Secured by Proper	
	3 Second Street address,		cription	the amount				ims or exemptions. Put I claims on Schedule D:
1.1				What	is the property? Check all that apply			
_	163. WIIGIE IS	s are property:						
	No. Go to Part Yes. Where is							
		, , , ,	unable interest in a	iny resid	lence, building, land, or similar property?			
Part					Estate You Own or Have an Interest In			
nfori Answ	mation. If more er every ques	e space is needed, a tion.	attach a separate sh	neet to t	married people are filing together, both are his form. On the top of any additional pages			
n ea	ch category, s	eparately list and de	escribe items. List a		only once. If an asset fits in more than one			the category where you
		rm 106A/B e A/B: Pr	-					12/15
Cas	e number _							☐ Check if this is a amended filing
Unit	ed States Ba	nkruptcy Court for	the: EASTERN	DISTRI	CT OF NEW YORK			
	use, if filing)	First Name		Name	Last Name			
Deb	otor 2	First Name	Middle	Name	Last Name			
		Dawn D. Dre						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt	tor 1 D	awn D. Drew	Ca	ase number (if known)	
3. C a	ars, vans,	trucks, tractors, sport utility ve	hicles, motorcycles		
П	No				
_	Yes				
_	163				
3.1	Make:	Nissan	Who has an interest in the property? Check one		ured claims or exemptions. Put
	Model:	Altima	■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2015	Debtor 2 only	Current value of t	
	Approxin	nate mileage: 50,000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	\square At least one of the debtors and another		
	value k	by www.nada.com	Check if this is community property (see instructions)	\$12,200	\$12,200.00
	amples: B No Yes	oats, trailers, motors, personal wa	tercraft, fishing vessels, snowmobiles, motorcycle a	accessories	
			n for all of your entries from Part 2, including ar that number here		\$12,200.00
Part :		be Your Personal and Household Ite			
Do y	ou own o	or have any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>E.</i>		Household gookitchen table, liv	, china, kitchenware ds and furnishings including 3 beds, 2 dreving room set, and assorted kitchenware. ond Avenue, Central Islip NY 11722	ssers,1	\$3,000.00
				,	
E.	•	Televisions and radios; audio, vide including cell phones, cameras, m	eo, stereo, and digital equipment; computers, printe nedia players, games	ers, scanners; music c	ollections; electronic devices
			s including 3 televisions, 1 tablet, and 1 pr ond Avenue, Central Islip NY 11722	rinter	\$2,000.00
E.	l No	Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other art llectibles	t objects; stamp, coin,	or baseball card collections;
	Yes. De	scribe			
E	xamples:	musical instruments	nd other hobby equipment; bicycles, pool tables, gol	lf clubs, skis; canoes a	and kayaks; carpentry tools;
	Yes. De	scribe			

De	ebtor 1	Dawn D. Dre	w		Case number	er (if known)	
10.	Firearr Exam		, shotgur	ns, ammunition, and	related equipment		
	■ No □ Yes.	Describe					
11.	Clothe Exam _l □ No		thes, furs	s, leather coats, desi	gner wear, shoes, accessories		
	Yes.	Describe					
				miscellaneous clo on: 3 Second Avo	othing enue, Central Islip NY 11722	\$2	,500.00
12.	□ No		velry, cos	tume jewelry, engag	gement rings, wedding rings, heirloom jewelry, watch	es, gems, gold, silver	
				costume jewerly on: 3 Second Ave	enue, Central Islip NY 11722		\$450.00
	Examı ■ No □ Yes.	arm animals ples: Dogs, cats, b Describe			not already list, including any health aids you did	I not list	
	■ No □ Yes.	Give specific info	ormation.	····			
15			-		art 3, including any entries for pages you have at	tached \$7,95	0.00
Pa	rt 4: De	escribe Your Financ	ial Assets	S			
Do	o you ov	wn or have any le	egal or e	quitable interest in	any of the following?	Current value o portion you ow Do not deduct se claims or exemp	n? ecured
16.	■ No		Í	our wallet, in your ho	me, in a safe deposit box, and on hand when you file	e your petition	
17.	Exam				unts; certificates of deposit; shares in credit unions, with the same institution, list each.	brokerage houses, and other simi	lar
	□ No ■ Yes.				Institution name:		
			17.1.	Checking	Citibank Account number ending in 5519		789.21
			17.2.	Savings	Long Island State Employees Federal Union Account number ending in 7878		\$150.00
					Account number ending in 7070	•	

Debt	or 1	Dawn D. I	Orew	Case number (if known)	
			ls, or publicly traded stocks ds, investment accounts with bro	okerage firms, money market accounts	
	No				
	l Yes		Institution or issuer	name:	
j	joint v	ublicly traded enture	I stock and interests in incorpo	orated and unincorporated businesses, including an interest ir	an LLC, partnership, and
	No				
	I Yes.	Give specific	information about them Name of entity:	% of ownership:	
	Negotia	iable instrume	nts include personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. Inster to someone by signing or delivering them.	
		Give specific	information about them Issuer name:		
			ion accounts in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	Yes. I	List each acc	ount separately. Type of account:	Institution name:	
			Pension	New York State and Local Retirement System Registration Number - 517-7	\$18,000.00
,	Your sl	hare of all uni		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies	s, or others
	No				
	l Yes			Institution name or individual:	
	Annuiti I _{No}	ies (A contrad	ct for a periodic payment of mone	ey to you, either for life or for a number of years)	
	l Yes		Issuer name and description.		
20	6 U.S.0		ation IRA, in an account in a q 1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition progra	am.
_	l _{No} l Yes		Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
	rusts, I _{No}	, equitable or	future interests in property (o	ther than anything listed in line 1), and rights or powers exerci	sable for your benefit
		Give specific	information about them		
_	Ехатр		s, trademarks, trade secrets, and domain names, websites, procee	nd other intellectual property ds from royalties and licensing agreements	
	l _{No} l Yes.	Give specific	information about them		
		•	es, and other general intangible	es	
_	Examp I _{No}	oles: Building	permits, exclusive licenses, coop	perative association holdings, liquor licenses, professional licenses	
	l Yes.	Give specific	information about them		
Mon	ey or p	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Debtor 1	Dawn D. Drew		Case number (if known)	Case number (if known)		
28. Tax r □ No	efunds owed to you					
■ Yes	s. Give specific information about	them, including whether you already	iled the returns and the tax years			
		Projected 2018 Tax Refund	Federal/State	\$2,500.00		
Exar ■ No	ly support nples: Past due or lump sum alim s. Give specific information	nony, spousal support, child support, n	naintenance, divorce settlement, property se	ttlement		
Exar	r amounts someone owes you nples: Unpaid wages, disability in benefits; unpaid loans you s. Give specific information	nsurance payments, disability benefits, I made to someone else	sick pay, vacation pay, workers' compensa	ation, Social Security		
31. Inter Exar	ests in insurance policies	surance; health savings account (HSA); credit, homeowner's, or renter's insurance			
□ No ■ Yes	s. Name the insurance company Compan		Beneficiary:	Surrender or refund value:		
	Life Ins 0406	Employees Federation Program surance Term Policy Ending in ife No Cash Surrender Value	Children	\$0.00		
If you some		you from someone who has died ust, expect proceeds from a life insura	nce policy, or are currently entitled to receive	e property because		
Exar ■ No		er or not you have filed a lawsuit or sputes, insurance claims, or rights to s				
34. Othe ■ No	r contingent and unliquidated o	claims of every nature, including co	unterclaims of the debtor and rights to se	et off claims		
35. Any 1	 Describe each claim inancial assets you did not alrow Give specific information 	eady list				
	-	entries from Part 4, including any e		\$21,439.21		
			-			
Part 5:	Describe Any Business-Related Pro	perty You Own or Have an Interest In. Li				

Debt	tor 1	Dawn D. Drew		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	ou Own or Have an Intere	st In.	
46. C	o you	own or have any legal or equitable interest in any far	m- or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That	You Did Not List Above		
		have other property of any kind you did not already li	st?		
		oles: Season tickets, country club membership			
	No L Voc	Cive anacific information			
_	res.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write	that number here		\$0.00
٠		,			Ψο.σσ
Part	8:	List the Totals of Each Part of this Form			
		: Total real estate, line 2			\$283,233.00
56.	Part 2	: Total vehicles, line 5	\$12,200.00		
57.	Part 3	: Total personal and household items, line 15	\$7,950.00		
58.	Part 4	: Total financial assets, line 36	\$21,439.21		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+ \$0.00		
62.	Total	personal property. Add lines 56 through 61	\$41,589.21	Copy personal property total	\$41,589.21
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$324,822.21

Fil	I in this information	on to identify your cas	se:				
De	ebtor 1	Dawn D. Drew					
_		irst Name	Middle Name	L	ast Name		
	ebtor 2 ouse if, filing) F	irst Name	Middle Name	L	ast Name		
Hr	nited States Bankru	ntov Court for the:	EASTERN DISTRICT OF NE	=\\\ \\ \\	OPK		
UI	illed States Ballkid	picy Court for the.	LASTERN DISTRICT OF NE	-VV I	<u>OKK</u>		
	ase number					_	
(If K	known)						Check if this is an amended filing
							arrichaed ming
O	fficial Form	106C					
S	chedule (C: The Prop	perty You Cla	im	as Exempt		4/16
the nee cas For	property you listed eded, fill out and att e number (if knowr each item of proj	on Schedule A/B: Pro, ach to this page as man). Derty you claim as exe	perty (Official Form 106A/B) iny copies of Part 2: Addition empt, you must specify the	as yo aal Pa e amo	ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any pount of the exemption you claim.	claim as exadditional p	empt. If more space is ages, write your name and doing so is to state a
any fun exe	applicable statut ds-may be unlim	ory limit. Some exem nited in dollar amount cular dollar amount ar	ptions—such as those for . However, if you claim an	heal exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu letermined to exceed that amoun	enefits, and le under a la	d tax-exempt retirement aw that limits the
Pa	rt 1: Identify th	e Property You Claim	as Exempt				
1.	Which set of exe	mptions are vou clair	ming? Check one only, ever	า if vo	our spouse is filing with you.		
	_		nbankruptcy exemptions. 1	•	, ,		
	_	·	. , .	1 0.0	5.0. 8 322(0)(0)		
	You are claiming	ng federal exemptions.	11 U.S.C. § 522(b)(2)				
2.	For any property	you list on Schedule	e A/B that you claim as exe	mpt,	fill in the information below.		
		f the property and line o		Am	ount of the exemption you claim	Specific la	ws that allow exemption
	Schedule A/B that	lists this property	portion you own Copy the value from	Che	eck only one box for each exemption.		
			Schedule A/B	One	sek only one box for each exemption.		
		nue Central Islip, N	Y \$283,233.00		\$0.00	11 U.S.C	. § 522(d)(1)
	11722 Suffolk Value from ww Line from Schedu	w.zillow.com			100% of fair market value, up to any applicable statutory limit		
		ods and furnishing	s \$3,000.00		\$3,000.00	11 U.S.C	. § 522(d)(3)
		ds, 2 dressers,1 iving room set, and enware.			100% of fair market value, up to any applicable statutory limit		
	Location: 3 Se Islip NY 11722 Line from Schedu	cond Avenue, Cent	tral		, , ,		
	Used electroni		\$2,000.00		\$2,000.00	11 U.S.C	. § 522(d)(3)
		ablet, and 1 printer cond Avenue, Cent			100% of fair market value, up to any applicable statutory limit		
	Line from Schedu	le A/B: 7.1			•		
	Used miscellar Location: 3 Se	neous clothing cond Avenue, Cent	\$2,500.00		\$2,500.00	11 U.S.C	. § 522(d)(3)
	Islip NY 11722	·			100% of fair market value, up to		

Official Form 106C

DE	Dawn D. Drew			Case number (ii known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Used costume jewerly Location: 3 Second Avenue, Central	\$450.00		\$450.00	11 U.S.C. § 522(d)(4)
	Islip NY 11722 Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Citibank Account number ending in 5519	\$789.21		\$789.21	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings: Long Island State Employees Federal Credit Union	\$150.00		\$150.00	11 U.S.C. § 522(d)(5)
	Account number ending in 7878 Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Pension: New York State and Local Retirement System	\$18,000.00		\$18,000.00	11 U.S.C. § 522(d)(12)
	Registration Number - 517-7 Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	Federal/State: Projected 2018 Tax Refund	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	■ No	•		,	,
	☐ Yes. Did you acquire the property covere	ed by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No	•			
	☐ Yes				

Fill in this inform	ation to identify you	ır case:			
Debtor 1	Dawn D. Drew First Name	Middle Name Last Name		-	
Debtor 2	· ··ot···taille				
(Spouse if, filing)	First Name	Middle Name Last Name		-	
United States Ban	kruptcy Court for the:	EASTERN DISTRICT OF NEW YORK			
Ormod States Barr	mapley Countries and	ENGLERAL BIGHT OF THEW FORK		-	
Case number					
(if known)				_	if this is an
				ameno	led filing
Official Form	106D				
	-	What lave Claims Coours	d by Dranaut		10/1=
Schedule i	D: Creditors	Who Have Claims Secure	a by Propert	<u>y</u>	12/15
		If two married people are filing together, both are edut, number the entries, and attach it to this form.			
, ,	nave claims secured by	your property?			
_ `	-	his form to the court with your other schedules.	You have nothing else t	to report on this form.	
_		·	Tou have nothing close	to report our une form.	
	all of the information	below.			
Part 1: List All	Secured Claims		Column A	Column B	Column C
		nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As	ely	Value of collateral	Unsecured
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Mr. Coope	-	Describe the property that secures the claim:	value of collateral. \$360,292.00	claim	f any
Creditor's Name		Describe the property that secures the claim: 3 Second Avenue Central Islip, NY	\$300,292.00	\$283,233.00	\$77,059.00
Attn. Donle	w.m.to.v	11722 Suffolk County			
Attn: Bank	cruptcy ess Waters	Value from www.zillow.com			
Blvd	css waters	As of the date you file, the claim is: Check all that			
Coppell, T	X 75019	apply. ☐ Contingent			
Number, Street,	City, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla community deb		☐ Other (including a right to offset)			
community dos	•				
	Opened				
	09/11 Last Active				
Date debt was incu		Last 4 digits of account number 8321			
		<u> </u>			
Nissan Mo	tor				
Acceptanc		Describe the property that secures the claim:	\$19,473.00	\$12,200.00	\$7,273.00
Creditor's Name		2015 Nissan Altima 50,000 miles			
		value by www.nada.com			
Attn: Bank Po Box 66	ruptcy Dept	As of the date you file, the claim is: Check all that			
Dallas, TX		apply.			
	City, State & Zip Code	☐ Contingent ☐ Unliquidated			
.10111501, 011661,	, o.a.o a zip oodo	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	e debtors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Debto	r 1 Dawn D. D	rew		Case number (if known)
	First Name	Middle Na	ame Last Name	
	eck if this claim re mmunity debt	lates to a	Other (including a right to offset)	
Date d	ebt was incurred	Opened 04/16 Last Active 12/20/18	Last 4 digits of account number	0001
A d d	the deller value of	Lyour ontrice in Co	plump A on this page. Write that number h	\$270.765.00
		•	olumn A on this page. Write that number he	nere: \$379,765.00
	s is the last page of that number here		the dollar value totals from all pages.	\$379,765.00
Part 2	List Others t	o Be Notified for	r a Debt That You Already Listed	
trying than o	to collect from you ne creditor for any	u for a debt you o	we to someone else, list the creditor in Par you listed in Part 1, list the additional cred	ot that you already listed in Part 1. For example, if a collection agency is art 1, and then list the collection agency here. Similarly, if you have more ditors here. If you do not have additional persons to be notified for any
П	•		. •	
		reet, City, State & Z	·	On which line in Part 1 did you enter the creditor?
	•	sberg & Conwa	ay	0040
	145 Huguenot	Street		Last 4 digits of account number 2018
	Suite 210	NV 10901		
	New Rochelle	, N 1 10001		

Fill in	this inform	ation to identify your	case:					
Debto	r 1	Dawn D. Drew						
		First Name	Middle N	ame	Last Name			
Debto	r 2 e if, filing)	First Name	Middle N	ame	Last Name			
United	d States Ban	kruptcy Court for the:	EASTERN	DISTRICT OF N	EW YORK			
Case (if known	number			_			_	theck if this is an mended filing
Sche		F: Creditors W				Part 2 for creditors	with NONPRIORITY clai	12/15
any exe Schedu Schedu left. Att	ecutory contra ile G: Executo ile D: Credito ach the Cont	acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag ber (if known).	that could res ired Leases (O ured by Prope	ult in a claim. Als fficial Form 106G) ty. If more space	o list executory of b. Do not include is needed, copy	contracts on Sched any creditors with p the Part you need, f	ule A/B: Property (Offici partially secured claims ill it out, number the en	al Form 106A/B) and on that are listed in tries in the boxes on the
Part 1		of Your PRIORITY Un						
1. Do	any creditor	rs have priority unsecure	d claims again	st you?				
-	No. Go to Pa	art 2.						
	Yes.							
Part 2	List All	of Your NONPRIORIT	Y Unsecured	I Claims				
3. Do	any creditor	rs have nonpriority unsec	ured claims ag	gainst you?				
	No. You have	e nothing to report in this pa	art. Submit this	form to the court w	ith your other sch	edules.		
-	Yes.							
un tha	secured claim	nonpriority unsecured clands it the creditor separately reported a particular claim, li	for each claim	. For each claim list	ted, identify what	type of claim it is. Do	not list claims already inc	luded in Part 1. If more
								Total claim
4.1	Caine &	Weiner		Last 4 digits of a	ccount number	5210		\$2,101.00
		Creditor's Name nkruptcy		When was the de	aht incurred?	Opened 08/18	•	
	Po Box 5			Wileir Was tile at	obt incurred.	Opened 00/10	<u> </u>	=
		nd Hills, CA 91365						
		reet City State Zlp Code		As of the date yo	ou file, the claim	is: Check all that app	bly	
	_	red the debt? Check one.		_				
	Debtor 1	•		Contingent				
	Debtor 2	•		Unliquidated				
		1 and Debtor 2 only		Disputed				
		one of the debtors and and		Type of NONPRI		a ciaim:		
	☐ Check i	f this claim is for a comr	nunity	☐ Student loans			allocation and the second	
		n subject to offset?		□ Obligations are report as priority of the priority		ration agreement or	divorce that you did not	
	■ No	-				g plans, and other si	milar debts	
	☐ Yes			Other Specify	Collection	Attorney Progre	essive Insurance	
				- Outer, openly		, . 3.		-

Official Form 106 E/F

Debto	Dawn D. Drew		Case number (if known)	
4.2	Comenitybank/New York	Last 4 digits of account number	2191	\$346.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 09/17 Last Active 8/23/18	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans	d claim: aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Charge Ac	count	
4.3	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	7545	\$315.00
	Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 11/18 Last Active 12/14/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecure Student loans	d claim: aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Card	i	
4.4	Portfolio Recovery Nonpriority Creditor's Name	Last 4 digits of account number	7253	\$557.00
	Po Box 41021 Norfolk, VA 23541	When was the debt incurred?	Opened 04/15	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	■ Other. Specify	Company Account Hsbc Bank A.	_

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Dawn D. Drew	Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	, -	6c.	· —	0.00
		6d	*	0.00
ou.	Calculation of the priority disocourse stating. While that disocurs hole.	ou.	Ψ	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
C¢.	Otoslant Isana	C4		Total Claim
61.	Student loans	61.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.		
	here.		\$	3,319.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	3,319.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Fill in this infor	mation to identify your	case:		
Debtor 1	Dawn D. Drew			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				☐ Check if this
				amended fili

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	rerson or	Name, Number	, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					<u></u>
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

Official Form 106G

Fill in this i	nformation to identify your	case:			
Debtor 1	Dawn D. Drew				
5 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	r) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT O	IE NEW YORK		
Officed State	es bankruptcy Court for the.	LASTERN DISTRICT O	I NEW FORK		
Case numb	er				Charlett this is an
(if known)					Check if this is an amended filing
					amonasa ming
Official	Form 106H				
Schedi	ule H: Your Cod	ebtors			12/15
ill it out, an our name a	d number the entries in the and case number (if known)	boxes on the left. Attach . Answer every question	n the Additional Page t	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes					
Arizona _	in the last 8 years, have you , California, Idaho, Louisiana, Go to line 3.				ty states and territories include
☐ Yes.	Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
					g with you. List the person shown he creditor on Schedule D (Official
	06D), Schedule E/F (Official lumn 2.	Form 106E/F), or Sched	ule G (Official Form 10	06G). Use Schedule D,	Schedule E/F, or Schedule G to fil
0	Column 1: Your codebtor			Column 2: The er	editor to whom you owe the debt
	ame, Number, Street, City, State and Z	IP Code		Check all schedule	
2.1				□ Cabadula D. lin	
3.1 N	lame			_ ☐ Schedule D, lir ☐ Schedule E/F,	
				☐ Schedule G, lir	
	lumber Street			_	
	ity	State	ZIP Code		
3.2				☐ Schedule D, lin	ne
	lame			☐ Schedule E/F,	line
				☐ Schedule G, lir	ne
	lumber Street			_	
С	ity	State	ZIP Code		

Official Form 106H Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Fill	in this information to	o identify your ca	se:							
De	btor 1	Dawn D. Dre	w							
	btor 2 buse, if filing)					_				
Un	ited States Bankrupt	tcy Court for the:	EASTERN DISTRICT	OF NEW YORK		_				
	se number nown)							ded filing ment showir	ng postpetition	chapter
O	fficial Form	1061							ollowing date:	
	chedule I: `		ome				MM / DD	YYYY		12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you a arated and your	ible. If two married peo are married and not filir spouse is not filing wi On the top of any addition	ng jointly, and yo th you, do not in	ur spouse is clude inform	livi atio	ng with you, in n about your s	clude infori pouse. If m	mation about ore space is i	your needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debto	r 2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Employed			□ Em	ployed		
		Employment status	☐ Not employe	d		□ No	employed			
	employers. Include part-time, seasonal, or		Occupation	Trainer - NYS Veh	Dept. of N	loto	r 			
	self-employed wor		Employer's name	Department of	of Motor Ve	hic	le			
	Occupation may in or homemaker, if i		Employer's address	6 Empire State Plaza Albany, NY 12228						
			How long employed th	nere? <u>27 ye</u>	ears					
Pa	rt 2: Give Det	tails About Mon	thly Income							
	imate monthly inco		te you file this form. If y	ou have nothing t	o report for a	ıny li	ne, write \$0 in t	ne space. In	clude your nor	n-filing
	ou or your non-filing : e space, attach a se		re than one employer, co his form.	mbine the informa	ation for all er	nplo	yers for that per	son on the I	ines below. If y	ou need
							For Debtor 1		btor 2 or ing spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$_	5,767.0	<u> </u>	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$_	0.0	+\$	N/A	
4.	Calculate gross I	Income. Add line	e 2 + line 3.		4.	\$_	5,767.04	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Dawn D. Drew	_	C	ase number (if k	nown)				
					For Debtor 1			Debtor -filing s		
	Cop	by line 4 here	4.		\$ 5,76	7.04	\$		N/A	_
5.	List	all payroll deductions:								
٥.	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$ 1,643	3 46	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		· — , — , — , — , — , — , — , — , — , —	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	; .		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	i.	\$	0.00	\$		N/A	
	5e.	Insurance	5e		. —	6.30	\$		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	_
	5g. 5h.	Union dues Other deductions Specific Life Incurence	5g		. —	4.17	* + \$		N/A	_
		Other deductions. Specify: Life Insurance	_		· ———		· —		N/A	-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,897		\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,869	9.81	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	۱.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	; .	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d	l.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e) .	\$	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g	J.	\$	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/A	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,869.81	+ \$		N/A	= \$	3,869.81
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-	0,000.01			- 14/7	* -	0,000.01
11.	Inclionation of the other of th	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	3,869.81
13.	Do :	you expect an increase or decrease within the year after you file this form	?							y income
		No.								
	ш	Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:						
Deb	otor 1 Dawn D. Drew		Che	ck if this is:			
	otor 2 ouse, if filing)		 ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: 				
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YOR	K		MM / DD / YYYY			
	se number						
	(nown)						
	fficial Form 106J						
	chedule J: Your Expenses	ling to gother hath			12/15		
info	as complete and accurate as possible. If two married people are fi ormation. If more space is needed, attach another sheet to this for mber (if known). Answer every question.						
Par 1.	rt 1: Describe Your Household Is this a joint case?						
٠.	■ No. Go to line 2.						
	☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for	r Separate Household	d of Deb	otor 2.			
2.	Do you have dependents? ■ No						
		Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?		
	Do not state the dependents names.				□ No □ Yes		
					□ No □ Yes		
	-				□ res □ No		
	_				Yes		
					□ No □ Yes		
3.	Do your expenses include ■ No				□ Yes		
	expenses of people other than yourself and your dependents?						
Est	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supplen plicable date.	are using this form nental <i>Schedule J</i> , o	as a su check t	upplement in a Cha ne box at the top o	pter 13 case to report f the form and fill in the		
the	lude expenses paid for with non-cash government assistance if you value of such assistance and have included it on <i>Schedule I: You</i> ificial Form 106I.)	ou know <i>r Income</i>		Your expe	enses		
4.	The rental or home ownership expenses for your residence. Inclu	ude first mortgage					
	payments and any rent for the ground or lot.		4. \$		1,755.99		
	If not included in line 4:						
	4a. Real estate taxes		4a. S	·	0.00		
	4b. Property, homeowner's, or renter's insurance		4b. 9		0.00		
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. \$		200.00 0.00		
5.	Additional mortgage payments for your residence, such as home	equity loans	5. 9		0.00		

8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. Charitable contributions and religious donations 14. \$ 15. Insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance, specify: 15d. Other insurance, specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. To car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 19. Other payments you make to support others who do not live with you. Specify: 19.	560.00 35.00 595.00 0.00 400.00 150.00 175.00 100.00 700.00 120.00 25.00 0.00 0.00 300.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 6d. S 6d. S 6d. S 6d. Other. Specify: 6d. S 6d.	35.00 595.00 0.00 400.00 150.00 175.00 100.00 700.00 25.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. S 6d. Other. Specify: 6d. S 7. S 8. Childcare and children's education costs 8. S 9. Clothing, laundry, and dry cleaning 9. S 10. Personal care products and services 11. Medical and dental expenses 11. S 11. Medical and dental expenses 11. S 12. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S 14. Charitable contributions and religious donations 14. S 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. S 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: 19. Other payments you make to support others who do not live with you. 19. Specify: 19. Other payments you make to support others who do not live with you. 19. Specify: 19. Other payments on ther property 20a. Mortgages on other property	35.00 595.00 0.00 400.00 150.00 175.00 100.00 700.00 25.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay or line 5, Schedule 1, Your Income (Official Form 1061). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. \$	595.00 0.00 400.00 0.00 150.00 175.00 100.00 700.00 120.00 25.00 0.00 0.00
6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Listentainment, lubs, recreation,	0.00 400.00 0.00 150.00 175.00 100.00 700.00 120.00 25.00 0.00 0.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. S Medical and dental expenses 11. S Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Entertainment, clubs, recreation, newspapers, magazines, and books Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. If a. Life insurance Ib. Health insurance If a. S Is. Vehicle insurance If a. S Is. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: If a. Car payments for Vehicle 1 If a. S	400.00 0.00 150.00 175.00 100.00 700.00 120.00 25.00 0.00 0.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Personal care products and services 11. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property	0.00 150.00 175.00 100.00 700.00 120.00 25.00 0.00
Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. \$ 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 9 Other payments you make to support others who do not live with you. Specify: 000 1000 1000 1000 1000 1000 1000 100	150.00 175.00 100.00 700.00 120.00 25.00 0.00 0.00
0. Personal care products and services 1. Medical and dental expenses 1. Medical and dental expenses 1. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 13. \$ 14. \$ 15. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property	175.00 100.00 700.00 120.00 25.00 0.00 0.00
1. Medical and dental expenses 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 18. \$ 18. \$ 18. \$ 19. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20a. Mortgages on other property	700.00 120.00 25.00 0.00 0.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. \$ 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property	700.00 120.00 25.00 0.00 0.00
Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property	120.00 25.00 0.00 0.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property	120.00 25.00 0.00 0.00
4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Specify: 20a. S	0.00 0.00
5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. S Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property	0.00
15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. S 15d. Other insurance. Specify: 15d. \$ 1	0.00
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. \$ 15d.	0.00
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S 17d. \$ 17d.	
15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17c. \$ 17d. Other. Specify: 17d. \$ Sour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. \$ Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	300 00
Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17d. Other. Specify: 17d. \$ 17d. Other specify: 17d. \$ 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 18. \$ 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	500.00
Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17d. Other. Specify: 17d. \$ 17d. Other specify: 17d. \$ 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 18. \$ 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	0.00
Specify:	
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S 3. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 20. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18d. Specify: 19d.	562.26
17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S 8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 9. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	
17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . 20a. Mortgages on other property	0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). 9. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . 20a. Mortgages on other property	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	0.00
9. Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	0.00
Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$	
20a. Mortgages on other property 20a. \$	
20b. Real estate taxes	0.00
	0.00
20c. Property, homeowner's, or renter's insurance	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$	0.00
	0.00
1. Other: Specify: 21. +\$	0.00
2. Calculate your monthly expenses	
	78.25
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	
	78.25
——————————————————————————————————————	
3. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$	3,869.81
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5,678.25
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ -1	
4. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease modification to the terms of your mortgage?	
■ No.	5,678.25 1,808.44
☐ Yes. Explain here:	5,678.25 1,808.44

Fill in this info	rmation to identify your	case:		
Debtor 1	Dawn D. Drew			
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case number				
(if known)				☐ Check if this is an amended filing
O#:-:-!	400D			
Official For Declara	_	n Individual	Debtor's Schedu	iles 12/15
You must file th	nis form whenever you fi ey or property by fraud in	le bankruptcy schedules a connection with a bank	nsible for supplying correct inforr or amended schedules. Making a ruptcy case can result in fines up	a false statement, concealing property, or to \$250,000, or imprisonment for up to 20
years, or both. '	18 U.S.C. §§ 152, 1341, 1	519, and 3571.		
Sig	gn Below			
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help you fill out bankruptc	y forms?
■ No				
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sumr	mary and schedules filed with this	s declaration and
X /s/ Da	wn D. Drew		X	
Dawn	D. Drew ure of Debtor 1		Signature of Debtor 2	
Date	January 26, 2019		Date	

Official Form 106Dec

Fill i	n this info	rmation to identify you	r case:						
Debt		Dawn D. Drew							
		First Name	Mic	ddle Name		Last Name			
Debt (Spous	or 2 se if, filing)	First Name	Mic	ddle Name		Last Name			
Unite	ed States E	Bankruptcy Court for the:	EASTE	RN DISTRICT OF	NEW	YORK			
<u></u>		, ,	-						
(if know	e number wn)							_	neck if this is an nended filing
Off	icial F	orm 107							
		t of Financial	Affairs	for Indivi	dual	s Filing for E	Bankruptcy		4/16
inforr numb	mation. If per (if known	and accurate as possi more space is needed, wn). Answer every que	attach a s stion.	separate sheet to	this fo	rm. On the top of an			
Part		Details About Your Ma		is and Where You	ı Lived	Before			
1. \	What is yo	ur current marital statu	ıs?						
[□ Marrie	ed							
ı	Not m	arried							
2. I	During the	last 3 years, have you	lived anyv	where other than	where	you live now?			
ı	No								
I	☐ Yes. l	ist all of the places you l	ived in the	last 3 years. Do n	ot inclu	de where you live nov	٧.		
	Debtor 1	Prior Address:		Dates Debtor 1 lived there		Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
		last 8 years, did you evories include Arizona, Ca							
I	No								
I	☐ Yes. I	Make sure you fill out Scl	nedule H: \	our Codebtors (C	fficial F	orm 106H).			
Part	2 Expl	ain the Sources of You	r Income						
F	Fill in the to	ave any income from enotal amount of income you	u received	from all jobs and	all busii	nesses, including part	-time activities.	ous calend	dar years?
[□ No								
I	Yes. F	Fill in the details.							
			Debtor 1				Debtor 2		
				of income that apply.	(bef	oss income fore deductions and lusions)	Sources of incom Check all that appl		Gross income (before deductions and exclusions)
		1 of current year until led for bankruptcy:	■ Wages	s, commissions, tips		\$2,661.00	☐ Wages, commis bonuses, tips	ssions,	
			☐ Opera	ting a business			☐ Operating a bus	siness	

Official Form 107

Debtor 1 Dawn D. Drew						Case number (if known)					
					Debtor 1		Debtor 2				
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)		
		■ Wages, commissions, bonuses, tips	nuses, tips								
					☐ Operating a business		Operating a be	usiness			
				pefore that: er 31, 2017)	■ Wages, commissions, bonuses, tips	\$52,258.00	☐ Wages, comm bonuses, tips	nissions,			
					☐ Operating a business		☐ Operating a b	usiness			
	winn	nings. I each s No	f you are	filing a joint can	pensions; rental income; inter se and you have income that y ome from each source separat	ou received together, list it o	nly once under Deb	tor 1.			
					Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.	me	Gross income (before deductions and exclusions)		
Pa	rt 3:	l ist	Certain	Pavments You	ı Made Before You Filed for I	,					
6.			Debtor 1 Neither individua	l's or Debtor 2 Debtor 1 nor I al primarily for a ne 90 days befo	e's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol ore you filed for bankruptcy, di	r debts? Imer debts. Consumer debts Id purpose."			1(8) as "incurred by an		
			□ No. □ Yes	List below paid that cr	7. each creditor to whom you pai reditor. Do not include paymen payments to an attorney for th tt on 4/01/19 and every 3 years	nts for domestic support oblig nis bankruptcy case.	ations, such as child	d support a	nd alimony. Also, do		
		Yes.			or both have primarily consu- ore you filed for bankruptcy, di		of \$600 or more?				
			■ No.		7.						
			□ Yes	include pay	each creditor to whom you pai /ments for domestic support ol r this bankruptcy case.						
	Cre	editor'	s Name a	and Address	Dates of payme	nt Total amount	Amount you	Was this p	payment for		

Debto	or 1 Dawn D. Drew		Cas	se number (if known)				
li o a	insiders include your relatives; any general of which you are an officer, director, person	ear before you filed for bankruptcy, did you make a payment on a debt you owed anyone who welude your relatives; any general partners; relatives of any general partners; partnerships of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations,						
	■ No □ Yes. List all payments to an insider.							
ı	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
ii	Nithin 1 year before you filed for bankru nsider? nclude payments on debts guaranteed or c		yments or transfer a	any property on a	account of a de	ebt that benefited an		
	No							
	Yes. List all payments to an insider							
I	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name		
Part 4	4: Identify Legal Actions, Repossessi	ons, and Foreclosures						
L m	Nithin 1 year before you filed for bankru List all such matters, including personal inju modifications, and contract disputes. No Yes. Fill in the details.	ry cases, small claims action	ns, divorces, collectic	n suits, paternity a	actions, support	or custody		
	Case title Case number	Nature of the case	Court or agency		Status of the case			
I	Midland Funding Llc vs DAWN DREW 150076997SQ225	JUDGEMENT LIEN	SUFFOLK COL	JNTY CLERK	□ Pending□ On appeal□ Concluded			
					911.00			
	Mr. Cooper v. Dawn Drew 600352/2018	Foreclosure	Suffolk County One Court Stre Riverhead, NY	eet	■ Pending □ On appeal □ Concluded			
	Nithin 1 year before you filed for bankrup Check all that apply and fill in the details be		erty repossessed, t	oreclosed, garni	shed, attached	l, seized, or levied?		
	■ No. Go to line 11. ☐ Yes. Fill in the information below.							
(Creditor Name and Address	Describe the Property		Date		Value of the property		
		Explain what happene	d					
	Within 90 days before you filed for bankraccounts or refuse to make a payment be ■ No □ Yes. Fill in the details.		cluding a bank or fi	nancial institutio	n, set off any a	mounts from your		
•	Creditor Name and Address	Describe the action the creditor took Date take			action was	Amount		
	Nithin 1 year before you filed for bankru court-appointed receiver, a custodian, or ■ No □ Yes		erty in the possess			fit of creditors, a		

Del	btor 1	Dawn D. Drew		Case number	(if known)	
Pa	rt 5:	List Certain Gifts and Contributions	s			
13.	= 1	in 2 years before you filed for bankr u No Yes. Fill in the details for each gift.	uptcy,	did you give any gifts with a total value of more t	han \$600 per person	?
			^	Describe the gifts	Detec you gove	Value
		s with a total value of more than \$600 person	U	Describe the gifts	Dates you gave the gifts	Value
		son to Whom You Gave the Gift and ress:				
14.	= 1	in 2 years before you filed for bankru No Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a totation.	al value of more than	\$600 to any charity?
	Gifts more Chai	s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Pa	rt 6:	List Certain Losses				
15.		in 1 year before you filed for bankrup ambling?	otcy or	since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	Desc how	the loss occurred List Certain Payments or Transfers	Include insura	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
16.	cons	ulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require		erty to anyone you
	_	No Yes. Fill in the details.				
	Pers Add Ema	son Who Was Paid	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Aron 20 C Suit Woo	now Law, PC Crossways Park Drive North te 210 odbury, NY 11797 ren@aronowlaw.com		Attorney Fees	January 2019	\$2,000.00
17.	prom		litors o	id you or anyone else acting on your behalf pay or to make payments to your creditors? ted on line 16.	or transfer any prope	erty to anyone who
	_	No Yes. Fill in the details.				
	_			Description and value of any variation	Data marine and	A
	Add	son Who Was Paid ress		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 Dawn D. Drew Case number (if known)

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address	Description and value of property transferred	of	Describe any property or payments received or debts paid in exchange	Date transfer was made			
	Person's relationship to you							
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.							
	Name of trust	Description and value of	of the property	y transferred	Date Transfer was			
					made			
Par	tt 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit Boxe	es, and Storag	e Units				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?							
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No							
	Yes. Fill in the details.							
			e of account o	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to Address (Number, Street, Co State and ZIP Code)		scribe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	No							
	Yes. Fill in the details.	Maria da la la caracteria de la caracter	D		D			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had acto it? Address (Number, Street, Ci State and ZIP Code)		scribe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control for	r Someone Else						
23.			ny property yo	ou borrowed from, are storing fo	or, or hold in trust			
	■ No							
	Yes. Fill in the details.	Mile and in the managers.	Door	anila a tha muanantu	Value			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and Code)		scribe the property	Value			
Par	t 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or							

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Dawn D. Drew Debtor 1 Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Date Issued

Nο

☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

Debtor	1 Dawn D. Drew	1		Case number (if known)	
with a b		result in fines up to \$250,0	statement, concealing property 00, or imprisonment for up to 2	, or obtaining money or property by fraud in connection 20 years, or both.	
/s/ Da	wn D. Drew				
Dawn D. Drew			Signature of Debtor 2		
Signat	ure of Debtor 1				
Date	January 26, 2019		Date		
Did you	ı attach additional p	ages to Your Statement of F	inancial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?	
■ No					
☐ Yes					
Did you	ı pay or agree to pay	someone who is not an att	orney to help you fill out bank	ruptcy forms?	
■ No					
☐ Yes. Name of Person . Attach the Bankruptcy			Petition Preparer's Notice, Declaration, and Signature (Official Form 119).		

Fill in this informa	ation to identify your	case:				
Debtor 1	Dawn D. Drew First Name	Middle Nosse	Look	Nama		
Debtor 2	First Name	Middle Name	Last	Name		
(Spouse if, filing)	First Name	Middle Name	Last	Name		
United States Bank	kruptcy Court for the:	EASTERN DISTR	ICT OF NEW YOR	K		
Case number						☐ Check if this is an amended filing
Official For Statemen t		n for Indiv	riduals Fil	ing Under C	hapter 7	12/15
you have leased You must file this whicheve on the fo If two married peo sign and Be as complete an	er is earlier, unless th orm ple are filing together date the form. and accurate as possib or name and case nur	ur property, or nd the lease has no ithin 30 days after e court extends the in a joint case, boo le. If more space is nber (if known).	ot expired. you file your bank e time for cause. \ th are equally res	ou must also send co	pies to the cre	the meeting of creditors, ditors and lessors you list ation. Both debtors must op of any additional pages,
	r Creditors Who Have s that you listed in Pa		: Creditors Who H	ave Claims Secured b	y Property (Off	icial Form 106D), fill in the
information belo	ow. litor and the property the	nat is collateral	What do you int	end to do with the pro	perty that	Did you claim the property as exempt on Schedule C?
name:	. Cooper 3 Second Avenue NY 11722 Suffolk Value from www.z	County	Retain the pro	operty and redeem it. operty and enter into a	loan	□ No ■ Yes
name:	ssan Motor Accepta 2015 Nissan Altima			operty and redeem it. operty and enter into a		□ No ■ Yes
	value by www.nad		Retain the pro	pperty and [explain]: king payments		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debtor 1 Dawn D. Drew	Case number (if known)
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention abou property that is subject to an unexpired lease.	at any property of my estate that secures a debt and any personal
X /s/ Dawn D. Drew X	
Dawn D. Drew Signature of Debtor 1	Signature of Debtor 2
Date January 26, 2019 Da	ate

Fill in this info	rmation to identify your case:				irected in this form and	in Form
Debtor 1	Dawn D. Drew		123	2A-1Supp:		
Debtor 2 (Spouse, if filing)				☐ 1. There is no pres	umption of abuse	
	Bankruptcy Court for the: Eastern District of	New York		2. The calculation t	o determine if a presu	mption of abuse
Officed States	Eastern District of	New TOIR			nade under <i>Chapter</i> 7	Means Test
Case number			,		icial Form 122A-2).	
(II KIIOWII)					does not apply now be received apply service but it could apply	
				☐ Check if this is a	n amended filing	
Official F	Form 122A - 1					
Chapter	7 Statement of Your Cur	rent Mor	nthly Inc	ome		12/15
attach a separa case number (if qualifying milita	and accurate as possible. If two married people a te sheet to this form. Include the line number to we known). If you believe that you are exempted fro ary service, complete and file Statement of Exempted calculate Your Current Monthly Income	hich the additior m a presumption	nal information a of abuse becau	applies. On the top of a se you do not have pri	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is	your marital and filing status? Check one or	ıly.				
■ Not n	narried. Fill out Column A, lines 2-11.					
☐ Marri	ied and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.		
☐ Marri	ed and your spouse is NOT filing with you.	You and your s	spouse are:			
□Liv	ring in the same household and are not lega	Ily separated.	Fill out both Co	lumns A and B, lines	2-11.	
ре	ring separately or are legally separated. Fill a chalty of perjury that you and your spouse are ling apart for reasons that do not include evadir	egally separated	d under nonban	kruptcy law that appli	es or that you and you	
101(10A). For the 6 months	verage monthly income that you received from all or example, if you are filing on September 15, the 6-ms, add the income for all 6 months and divide the total the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 throi sult. Do not includ	ugh August 31. If the amode any income amount m	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	oss wages, salary, tips, bonuses, overtime, eductions).	and commission	ons (before all	\$5,749.29	\$	
Column	and maintenance payments. Do not include B is filled in.		•	\$	\$	
of you of from an and roor	unts from any source which are regularly partyour dependents, including child support unmarried partner, members of your household nmates. Include regular contributions from a spon ontinclude payments you listed on line 3.	Include regular d, your depende	contributions nts, parents,	\$0.00	\$	
5. Net inco	ome from operating a business, profession,		44			
			otor 1			
	ceipts (before all deductions)	\$ 0.00 -\$ 0.00				
•	and necessary operating expenses thly income from a business, profession, or far		Copy here ->	\$ 0.00	\$	
	ome from rental and other real property	ПФ	оору			
J. NOT INCO		Deb	otor 1			
Gross re	ceipts (before all deductions)	\$ 0.00				
	and necessary operating expenses	-\$ 0.00				
Net mon	thly income from rental or other real property	\$ 0.00	Copy here ->		\$	
7. Interest	, dividends, and royalties			\$ 0.00	\$	

Official Form 122A-1

				Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$	0.00	\$	P	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benefi	it under	·		*		
	· · · · · · · · · · · · · · · · · · ·	0.0	00					
	For you \$ For your spouse \$	3						
9.	Pension or retirement income. Do not include any arbenefit under the Social Security Act.	mount received that was	s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Sp. Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below.	Security Act or paymen manity, or international	ts or					
	·			\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add lie each column. Then add the total for Column A to the to		\$	5,749.29	+ \$ _		= \$	5,749.29
Part	Determine Whether the Means Test Applies	to You					Total o	current monthly e
12.	Calculate your current monthly income for the year	Follow these steps:						
	12a. Copy your total current monthly income from line	11		Сору	line 11 l	nere=>	\$	5,749.29
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	e form				12b.	\$	68,991.48
13.	Calculate the median family income that applies to	you. Follow these step	s:					
	Fill in the state in which you live.	NY						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp		in the separa			\$	54,014.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. C Go to Part 3.	On the top of page 1, ch	eck box	1, There is n	o presum	nption of abuse) .	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pr	esumption of	abuse is	determined by	Form 1	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information or	this st	atement and i	n any atta	achments is tru	ue and c	orrect.
	X /s/ Dawn D. Drew Dawn D. Drew							
	Signature of Debtor 1 Date January 26, 2019							
	MM / DD / YYYY If you checked line 14a, do NOT fill out or file For	m 122A-2						
	If you checked line 14b, fill out Form 122A-2 and	iiie it witii tiiis iofiii.						

Dawn D. Drew

Fill in this information to identify your case:	Check the appropriate box as directed in
Debtor 1 Dawn D. Drew	lines 40 or 42:
Debtor 2	According to the calculations required by this Statement:
(Spouse, if filing)	Statement.
United States Bankruptcy Court for the: Eastern District of New York	■ 1. There is no presumption of abuse.
Case number	☐ 2. There is a presumption of abuse.
Case number(if known)	
	☐ Check if this is an amended filing
Official Form 122A - 2	
Chapter 7 Means Test Calculation	04/16
•	nt of Vour Current Monthly Income (Official Form 122A 1)
To fill out this form, you will need your completed copy of Chapter 7 Stateme	nt of Your Current Monthly Income (Official Form 122A-1).
Be as complete and accurate as possible. If two married people are filing tog	ether, both are equally responsible for being accurate. If more
space is needed, attach a separate sheet to this form, Include the line numbe	
additional pages, write your name and case number (if known).	
Part 1: Determine Your Adjusted Income	
Copy your total current monthly income. Copy line 11 fr	om Official Form 122A-1 here=> \$ 5,749,29
	<u> </u>
2. Did you fill out Column B in Part 1 of Form 122A-1?	
■ No. Fill in \$0 for the total on line 3.	
☐ Yes. Is your spouse Filing with you?	
☐ No. Go to line 3.	
☐ Yes. Fill in \$0 for the total on line 3.	
3. Adjust your current monthly income by subtracting any part of your spo	nuse's income not used to nay for the
household expenses of you or your dependents. Follow these steps:	add a modific flot data to pay for the
On line 11, Column B of Form 122A–1, was any amount of the income you re	ported for your spouse NOT regularly used for the household
expenses of you or your dependents?	, ,
T N FW 04 4 4 4 5 5	
No. Fill in 0 for the total on line 3.	
Yes. Fill in the information below:	
State each purpose for which the income was used	Fill in the amount you
For example, the income is used to pay your spouse's tax debt or to	are subtracting from
support other than you or your dependents.	your spouse's income
	\$
	\$
	·
	\$
Total.	\$ 0.00
	Copy total here=> \$0.00
4. Adjust your current monthly income. Subtract line 3 from line 1.	\$5,749.29_

Official Form 122A-2

btor 1	Dawn D. Drew		Case numb				
art 2:	Calculate Your Deductions from Your Income						
The In to ans instruction of the control of the con	Internal Revenue Service (IRS) issues National and Its wer the questions in lines 6-15. To find the IRS state ctions for this form. This information may also be at the expense amounts set out in lines 6-15 regardless ctual expenses if they are higher than the standards. Define and do not deduct any operating expenses the standards.	andards, go online available at the bas s of your actual exposed not deduct any a that you subtracted	e using the link spendruptcy clerk's of ense. In later parts of mounts that you suit	cified in the ffice. of the form, you btracted fro you	separate ou will use so our spouse's	me of	
•	expenses differ from month to month, enter the average		a if Caluman D of Fam	400A 4 in i	Cilia al im		
vvnene	ever this part of the from refers to <i>you,</i> it means both yo	ou and your spous	e ir Column B of For	m 122A-1 IS1	nnea in.		
5. T	he number of people used in determining your dec	ductions from inc	ome				
р	ill in the number of people who could be claimed as ex lus the number of any additional dependents whom yo ne number of people in your household.				1		
	nal Standards You must use the IRS National	al Standards to ans	wer the questions in	lines 6-7.			
6. F	food, clothing, and other items: Using the number of standards, fill in the dollar amount for food, clothing, an		d in line 5 and the If	RS National	\$_		647.00
6. F S th		nd other items. ber of people you ember of people is see a higher IRS allow	entered in line 5 and plit into two categori vance for health care	the IRS Nation	onal Standard ho are under	65 and	647.00
6. F S th ph	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The nurseople who are 65 or olderbecause older people have	nd other items. ber of people you ember of people is see a higher IRS allow	entered in line 5 and plit into two categori vance for health care	the IRS Nation	onal Standard ho are under	65 and	647.00
6. FS 7. Oth ph	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The nur eople who are 65 or olderbecause older people have igher than this IRS amount, you may deduct the additional contents.	nd other items. ber of people you ember of people is see a higher IRS allow	entered in line 5 and plit into two categori vance for health care e 22.	the IRS Nation	onal Standard ho are under	65 and	647.00
6. FS	Standards, fill in the dollar amount for food, clothing, an out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. The number ople who are 65 or older-because older people have igher than this IRS amount, you may deduct the additional of the dollar of the dol	ber of people you ember of people is sea higher IRS allow	entered in line 5 and plit into two categori vance for health care e 22.	the IRS Nation	onal Standard ho are under	65 and	647.00
6. FS 7. Oth ph	Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number ople who are 65 or olderbecause older people have igher than this IRS amount, you may deduct the additional edges. Who are under 65 years of age a. Out-of-pocket health care allowance per person	ber of people you ember of people is sea higher IRS allow onal amount on line	entered in line 5 and plit into two categori vance for health care 22.	the IRS Nativespeople we costs. If you	onal Standard ho are under	65 and	647.00
6. F S	Out-of-pocket health care allowance: Using the number of odd of the people who are 65 or olderbecause older people have eigher than this IRS amount, you may deduct the additional of the who are under 65 years of age a. Out-of-pocket health care allowance per person b. Number of people who are under 65	the other items. ber of people you ember of people is see a higher IRS allow onal amount on line \$	entered in line 5 and plit into two categori vance for health care 22.	the IRS Nativespeople we costs. If you	onal Standard ho are under ır actual expe	65 and	647.00
6. F S 7. Oth ph 7. 7. 7. People	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number of the who are 65 or olderbecause older people have igher than this IRS amount, you may deduct the additional content of the who are under 65 years of age Table 2. Out-of-pocket health care allowance per person Table 3. Number of people who are under 65 Table 3. Subtotal. Multiply line 7a by line 7b.	the other items. ber of people you ember of people is see a higher IRS allow onal amount on line \$	entered in line 5 and plit into two categoristance for health care a 22.	the IRS Nativespeople we costs. If you	onal Standard ho are under ır actual expe	65 and	647.00
6. F S 7. Oth p h People 7.	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number of the second of t	the other items. ber of people you ember of people is see a higher IRS allow onal amount on line \$	entered in line 5 and plit into two categoristance for health care a 22.	the IRS Nativespeople we costs. If you	onal Standard ho are under ır actual expe	65 and	647.00
6. F S 7. Oth ph 7. 7. 7. People	Standards, fill in the dollar amount for food, clothing, an out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care older people have igher than this IRS amount, you may deduct the additional elements of age. The food of th	the other items. ber of people you ember of people is see a higher IRS allow onal amount on line \$	entered in line 5 and plit into two categoric vance for health care 22. Copy her	the IRS Nativespeople we costs. If you	onal Standard ho are under ır actual expe	65 and	647.00

Case number (if known)

Loc	al Sta	andards	You mu	st use th	e IRS Loca	al Standard	ds to ansv	ver the qu	estions in lin	es 8-15.					
		n informa cy purpo				Trustee P	rogram l	nas divide	ed the IRS L	.ocal Stand	dard fo	or hous	ing for		
= +	lousi	ng and u	tilities - I	Insuranc	e and ope	erating exp	enses								
_		_			e or rent e										
To a	nsw	er the au	estions i	n lines 8	6-9. use the	e U.S. Tru	stee Pro	oram cha	rt.						
		•			,		`								
						otcy clerk's		nstruction	s for this for	III.					
8.									e number of xpenses				e 5, fill \$		595.00
9.	Hou	sing and	utilities	- Mortga	ge or rent	texpenses	s:								
9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses															
	9b.	Total ave	rage mo	nthly pay	ment for a	II mortgage	es and oth	ner debts :	secured by y	our home.					
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.															
		Name of	the credi	tor				Average payment							
		Mr. Coo	per					\$	1,755.99						
				Total a	average mo	onthly payr	nent	\$	1,755.99	Copy here=>	-\$		1,755.99	Repeat this amount on line 33a.	
	9c.	Net mort	gage or r	ent expe	nse.										
						nly paymen ss than \$0,				\$		202.01	Copy here=>	\$	202.01
10.									al Standard nal amount			ncorrec	t and	\$	0.00
	Ex	olain why:													
11.	Loc	al transpo	ortation	expense	s: Check t	he number	of vehicl	es for whi	ch you claim	an owners	hip or	operatir	ig expense.		
	□ 0	. Go to lin	e 14.												
	1	. Go to lin	e 12.												
	□ 2	or more.	Go to line	e 12.											
12.									umber of vehus region or					\$	304.00

Dawn D. Drew

13.	You	may		expense									ach vehicle below. m the expense for
Ve	hicle	1	Describe Ve	ehicle 1:	2015 Nissa	n Altima 50,0	000 miles	value by w	ww.na	ada.co	om		
13a	. Own	ershi	p or leasing	costs using	g IRS Local St	andard			\$_		497.00		
13b		•	monthly payn			d by Vehicle 1.							
	are o	contra		o each se		e and on line 1 in the 60 month			t				
		Nam	ne of each cr	editor for	Vehicle 1		Average r	monthly					
		Niss	san Motor	Accepta	тсе		\$	337.20					
	•			Total A	verage Month	lly Payment	\$	337.20	Copy here =	> -\$	337	Repeat thi amount or line 33b.	
13c.			cle 1 ownersh ine 13b from	•	•	is less than \$0,	enter \$0.		\$_		159.80	Copy net Vehicle 1 expense here => \$	159.80
Ve	hicle	2	Describe Vo	ehicle 2:									
13d	. Own	ershi	p or leasing	costs using	g IRS Local St	andard			\$_		0.00		
13e			monthly payn hicles.	nent for all	debts secure	d by Vehicle 2.	Do not inclu	ude costs for					
		Nam	ne of each cr	editor for	Vehicle 2		Average r	monthly					
							\$						
				Total A	verage Month	lly Payment	\$		Copy here => -	\$	0.0	Repeat this amount on line 33c.	
13f.			ele 2 ownersh ine 13e from	•	•	is less than \$0,	enter \$0		\$_		0.00	Copy net Vehicle 2 expense here => \$	0.00
14.						ed 0 vehicles in of whether you				ındards	, fill in the	– Public \$	0.00
15.	also	dedu	ct a public tr	ansportati	on expense, y	f you claimed 1 ou may fill in wh r <i>Public Transp</i>	nat you beli						0.00

Dawn D. Drew

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1,761.22 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than 0.00 term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 3,721.03 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

Dawn D. Drew

Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or vour dependents. Health insurance 125.90 Disability insurance 0.00 0.00 Health savings account 125.90 125.90 Total Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial 0.00 instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 125.90 32. Add all of the additional expense deductions. Add lines 25 through 31.

Dawn D. Drew

Dedu	ctions for Debt Payment						
	or debts that are secured by an inter- ans, and other secured debt, fill in li	est in property that you own, including hor nes 33a through 33e.	ne mo	rtgages, vehicle			
To		ayment, add all amounts that are contractually	due to	each secured			
	Mortgages on your home:					Avera	ge monthly ent
3a.	Copy line 9b here				=>	\$	1,755.99
	Loans on your first two vehicles:						
b.	Copy line 13b here				=>	\$	337.20
c.	Copy line 13e here				=>	\$	0.00
d.	List other secured debts:						
ıme	of each creditor for other secured debt	Identify property that secures the debt		Does paym include tax insurance?	es or		
				□ No			
	-NONE-			☐ Yes		\$	
						· 	
				□ No			
				D Yes		\$	
				□ No			
				☐ Yes		+\$	
					Co		
Вe.	Total average monthly payment. Add I	ines 33a through 33d	\$_	2,093.19	1	e=> \$	2,093.19
. A i	re any debts that you listed in line 33	secured by your primary residence, a veh	icle,				
01	other property necessary for your s	support or the support of your dependents	?				
	No. Go to line 35.						
		st pay to a creditor, in addition to the payment ssion of your property (called the <i>cure amoun</i>					
	Next, divide by 60 and fill in the		-,-				
lam	e of the creditor	Identify property that secures the debt		Total cure amount			onthly cure mount
		3 Second Avenue Central Islip, NY					
∕Ir.	Cooper	11722 Suffolk County Value from www.zillow.com		\$ 154,408.46	÷ 60 :	= \$	2,573.47
				\$	- ÷ 60 :	= \$	
				\$	÷ 60 :	= +\$	
				<u> </u>			
					Co tota		
		To	tal \$	2,573.47	_ her	e=> \$	2,573.
		s a priority tax, child support, or alimony -	that				
		ur bankruptcy case? 11 U.S.C. § 507.					
	No. Go to line 36.						
	-	those priority delices. Delication in the second	_				
	-	these priority claims. Do not include current o s those you listed in line 19.	r				

Dawn D. Drew

Debtor 1	Daw	n D. Drew		Case	e number (if known)	
	For more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Bas</i> ns for this form. <i>Bankruptcy Basics</i> may also be available.	ics specified			
ĺ	■ No.	Go to line 37.				
ĺ	_	Fill in the following information.				
		Projected monthly plan payment if you were filing under	r Chapter 13	3 :	\$	
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Ala	ustees	x	
		To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.			Copy tota	ı
		Average monthly administrative expense if you were fili	ng under Ch	napter 13	\$here=> \$	
37.		of the deductions for debt payment. ss 33e through 36.				\$4,666.66
Tota	al Deduc	tions from Income				
38.	Add all c	of the allowed deductions.				
		ne 24, All of the expenses allowed under IRS	\$	3,721.03	\ \	
		e allowancesee allowa	\$	125.90	_	
		ne 37, All of the deductions for debt payment	+\$	4,666.66	_	
	Сору ІІІ	le 31, All of the deductions for debt payment	Τ Φ	4,000.00	<u>-</u>	
		Total deductions	\$	8,513.59	Copy total here=>	\$ 8,513.59
Part 3:	Det	termine Whether There is a Presumption of Abuse				
39.	Calculate	e monthly disposable income for 60 months				
	39a. Co	py line 4, adjusted current monthly income	\$	5,749.29	<u></u>	
	39b. Co	py line 38, Total deductions	- \$	8,513.59	<u> </u>	
		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-2,764.30	Copy here=>\$ -2,764	4.30
	For the	next 60 months (5 years)			x 60	
	39d. To	tal. Multiply line 39c by 60	39d.	\$	65,858.00 Copy here=> \$_	-165,858.00
40. I	Find out	whether there is a presumption of abuse. Check the	box that app	olies:		
١	■ The I	ine 39d is less than \$7,700*. On the top of page 1 of th	is form, che	ck box 1, The	ere is no presumption of abuse.	Go to Part 5.
1		ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, cl	neck box 2, T	There is a presumption of abuse	. You may fill out
1	☐ The I	ine 39d is at least \$7,700*, but not more than \$12,850	*. Go to line	41.		
		to adjustment on 4/01/19, and every 3 years after that fo			ne date of adjustment.	

Debtor 1	Daw	n D. Drew	Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	st x .25]	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l	·	Copy here=>	\$
		Multiply line 41a by 0.25]	
25	% of y	ne whether the income you have left over after subtracting all allowed deconour unsecured, nonpriority debt. e box that applies:	ductions is enough to pa	у	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5.	re is no presumption of ab	use.	
	Line presu	39d is equal to or more than line 41b. On the top of page 1 of this form, checumption of abuse. You may fill out Part 4 if you claim special circumstances. The	ck box 2, <i>There is a</i> nen go to Part 5.		
Part 4:	Giv	ve Details About Special Circumstances			
reaso	onable	we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. § 707(b)(2)(B).	ents of current monthly i	ncome fo	or which there is no
□ Y		I in the following information. All figures should reflect your average monthly ex m. You may include expenses you listed in line 25.	pense or income adjustme	ent for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.			
	G		Average monthly expens or income adjustment	е	
			\$		
			\$		
			\$		
	_		\$		
Part 5:	Sig	n Below			
	By si	gning here, I declare under penalty of perjury that the information on this stater	ment and in any attachmer	ts is true	and correct.
	χ /s/	/ Dawn D. Drew			
		gwn D. Drew gnature of Debtor 1			
Da	te Ja	nnuary 26, 2019 M / DD / YYYY			

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re	Dawn D. Drew		Case No.							
		Debtor(s)	Chapter	7						
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	NEY FOR DE	CBTOR(S)						
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to						
	For legal services, I have agreed to accept		\$	2000						
	Prior to the filing of this statement I have received		\$	2000						
	Balance Due			0.00						
2. 7	The source of the compensation paid to me was:									
	✓ Debtor									
3. 7	The source of compensation to be paid to me is:									
	✓ Debtor									
4.	✓ I have not agreed to share the above-disclosed compe	ensation with any other person u	ınless they are meml	pers and associates of my law firm.						
a b	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.									
	Negotiations with secured creditors to re reaffirmation agreements and application 341 meeting. By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc	ns as needed; Bankruptcy does not include the following chargeability actions, judic	petition preparati service: sial lien avoidance	on and attendance at the first es, relief from stay actions or						
	any other adversary proceeding. These a at \$425.00 per hour. A per diem attorney than \$350.00 per appearance.	and other actions are includ may appear for 341(a) head	ded in more detai rings and other co	I in the Retainer Agreement ourt hearings for no more						
		CERTIFICATION								
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement for p	payment to me for re	epresentation of the debtor(s) in						
Ja	nuary 26, 2019	/s/ Darren Aronow								
	ate	Darren Aronow 40								
		Signature of Attorney	,							
		Aronow Law, PC 20 Crossways Par	k Drivo North							
		Suite 210	k Drive North							
		Woodbury, NY 117	797							
		516-762-6700 Fax	c: 516-303-0066							
		darren@aronowla	w.com							
		Name of law firm								

United States Bankruptcy Court Eastern District of New York

In re	Dawn D. Drew		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: January 26, 2019

| January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | January 26, 2019 | Januar

516-762-6700 Fax: 516-303-0066

USBC-44 Rev. 9/17/98

Caine & Weiner Attn: Bankruptcy Po Box 5010 Woodland Hills, CA 91365

Comenitybank/New York Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

McCabe, Weisberg & Conway 145 Huguenot Street Suite 210 New Rochelle, NY 10801

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Nissan Motor Acceptance Attn: Bankruptcy Dept Po Box 660360 Dallas, TX 75266

Portfolio Recovery Po Box 41021 Norfolk, VA 23541

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S):	Dawn D. Drew	CASE NO.:.
	Local Bankruptcy Rule 1073-20 Cases, to the petitioner's best known	(b), the debtor (or any other petitioner) hereby makes the following disclosure owledge, information and belief:
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before the ses; (iii) are affiliates, as defined or more of its general partners; (purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case e filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ther of the Related Cases had, an interest in property that was or is included in the
NO RELATED	CASE IS PENDING OR HAS B	EEN PENDING AT ANY TIME.
☐ THE FOLLOW	ING RELATED CASE(S) IS PE	NDING OR HAS BEEN PENDING:
1. CASE NO.:	JUDGE: DISTRICT	/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:
CURRENT STATI	US OF RELATED CASE:	
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (R	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHEI F RELATED CASE:	DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT	/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:
CURRENT STAT	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (R	Refer to NOTE above):
	LISTED IN DEBTOR'S SCHEI F RELATED CASE:	OULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT	/DIVISION:
CASE STILL PENI	OING (Y/N):	[If closed] Date of closing:

DISCLUSURE OF RELATED CASES (CORE O)	
CURRENT STATUS OF RELATED CASE:	
(I	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	o NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	"A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	ΓORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Yo	ork (Y/N): Y
CERTIFICATION (to be signed by pro se debtor/petitione I certify under penalty of perjury that the within bankruptc as indicated elsewhere on this form.	or or debtor/petitioner's attorney, as applicable): y case is not related to any case now pending or pending at any time, except
/s/ Darren Aronow Darren Aronow 4094074 Signature of Debtor's Attorney Aronow Law, PC 20 Crossways Park Drive North	Signature of Pro Se Debtor/Petitioner
Suite 210 Woodbury, NY 11797 516-762-6700 Fax:516-303-0066	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the

dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17

Rev.8/11/2009